

PFE

Home and Well Survey

PFE
ORIGINAL
RED

Resident's Name:

Ex 6 - Personal Privacy

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Address:

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Email address:

Owner Information (If Different):

Number of Household Residents/Age Groups:

Infants (Under Age 1)

Toddlers (Age 1-6)

Children (Age 7-12)

Adolescents (Age 13-18)

Adults (Age 18-65)

Seniors (Age 66+) 2



SDMS DocID

2179363

Do you have a water treatment system? If so, please identify the components of the system (if any): YES - PROVIDED BY CABOT

SEPARATED BLDG / LOCKED - NO ACCESS
SMALL TREATMENT BLDG / METHANE WELL VENT?

HAVE
HAD ISSUES
W/ POWER
ALSO CONCERNED
ABOUT ELECTRICAL
BILL

Well Information:
Type: Dug ☐ Drilled ☒ Well Depth: 165' Well Age: 1986

Driller log of the well installation (these are the detailed notes that the driller takes during the installation):

Name of Driller/Service Company (If Known): BELL BROTHERS
(MESHOPIN)

Total depth of well: 165'

Depth of surface casing: ? Cement on Surface casing: Yes ☐ No ☒

Length/Depth of Screen (the screened interval of the well): ?

Depth of pump in relation to total depth of the well: IN WELL - DEPTH NOT KNOWN

Well Repairs or Re-drilling in past 15 years: NEW PUMP INSTALLED IN PAST

Have you had your well water tested for contamination in the past? YES, CABOT

If so, and you would be willing to share your results with the EPA, what contaminants have been found in your well historically? YES, IF THEY CAN FIND THEM.

Noted 3
wells @
property

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Recent or past changes in water quality (taste, odor, appearance): NOTICED - CHANGE

DURING DRILLING ACTIVITIES

ODORS, RUST COLOR, ODORS WORSE DURING

Do you currently use your well water for drinking? Yes ☐ No ☒ CABOT - SUPPLIES BOTTLED WATER

Cooking? Yes ☐ No ☒ Bathing? Yes ☒ No ☐

Other household uses? FLUSHING, WASHING, DISHES & CLOTHES

If you do not use your well water, what water source do you use? _____

Have you been provided an alternate source of water for drinking/cooking? Yes ☒ No ☐

Other uses? Yes ☐ No ☐ When did this occur? BOTTLED ~ 2 YRS NOW

If so, who provides/provided the alternate water? CABOT - ENDLESS MOUNTAIN BOTTLED WATER

Is there an agreement with the provider? _____

What event/condition prompted the use of alternate water? _____

When did this occur? _____

Lease with gas company: Yes ☒ No ☐

If so, what is the status of lease: ONGOING

Is there any additional information you would like to provide to us: _____

WATER SEEMS BETTER NOW - WITH THE
WATER TREATMENT - NO NOTICABLE ODOR

WATER IN AREA ALWAYS SMELLED LIKE ROTTEN EGGS

CONTRACTOR FROM CABOT CHECKS OUR TREATMENT
SYSTEM ALMOST DAILY

NOT CERTAIN ~~HOW LONG~~ WHEN WATER TREATMENT
WAS INSTALLED -

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WOULD KNOW.